

ISSUE SLIP STAFF AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	ALMA2		06-11-01
O.I.P.E. CLASSIFIER		48	6/12/01
FORMALITY REVIEW	TT	3-11-01	8-7-01
RESPONSE FORMALITY REVIEW	gph	1030	10-17-01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	9/3/01
2	9/11/01
3	9/25/01
4	9/26/01
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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let  
 10-17-01  
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